Born in Cleveland YES NO	
BRODSKY LAST NAME Tel. YE2-7465	
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Use second blank if required	

THE CLEVELAND MUSEUM OF ART FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE MAY 8 to JUNE 16, 1963

Collaborator if any _____ Artist _____ FIRST NAME

Address 3219 CLARENDON RD, CLEVE, HTS, 18, CUYAHOGA
NO. STREET CITY ZONE COUNTY

Out-of-town residents should state whether return shipment is required. The YES NO Please enclose Registration Fee of \$2:00 (Check or Money Order) with Entry Blank.. MEDIUM TITLE NUMBER IN EDITION (Graphic Prts.) NUMBER FOR SALE PRICE ENAMEL CORAL BOWL 20.00 BLUE BOWL 25.00 11 50,00 PLAQUE £1 15.00 PLAQUE U TRAY 35,00 11 TRAY 25.00 SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Getween P. Brodster